

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING		A. Agency, code agency sub element and submitting office number (Example—xx-xx-xxxx)		01	B. OFFICE USE ONLY			
				C. Request status (Mark (X) one)				02
				<input type="checkbox"/> Initial or Resubmission	<input type="checkbox"/> Correction or Cancellation			

Section A – TRAINEE INFORMATION											
1. Applicant's name (<i>Last-First-Middle Initial</i>)			Enter first 5 letters of last name		03	2. Social Security Number		04	3. Date of birth (<i>Year and Month</i>)		05
									(Example-born January 14, 1943 Shown as 43/01)		
4. Home address (<i>Number, street, city, state, ZIP code</i>)					5. Home telephone			6. Position level (<i>Mark (X) one only</i>)			
					Area Code : Number			<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager			
								<input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive			
7. Organization mailing address (<i>Branch-Division/Office/Bureau/Agency</i>)					8. Office telephone			9. Continuous civilian service		10. Number of prior non-government training days	
					Area Code : Number			Years : Months			
								11a. Position title/function		11b. Applicant handi- capped or disabled (See Instructions)	

Section B – TRAINING COURSE DATA										
15a. Name and mailing address of training vendor (No., street, city,state,ZIP code)					15b. Location of training site (<i>if same, mark box</i>)					<input type="checkbox"/>
15c. Training Vendor's DUNS #										
16. Course title and training objectives (<i>Benefits to be derived by the Government</i>)									Method of Payment	
									<input type="checkbox"/> Normal Billing <input type="checkbox"/> I.M.P.A.C.	
17. Catalog/Course No.		18. Training period (<i>6 digits</i>)			06	19. No. of course hours (<i>4 digits</i>)		07	20. Training codes (<i>See instructions</i>)	
		Year	Month	Day		a. During duty			Code	
a. Start						b. Non-duty			a. Purpose	08 c. Source
b. Complete						c. TOTAL			b. Type	09 d. Special Interest
										10
										11

AGENCY USE ONLY
 Attach a Privacy Act Statement, Justification, and brochures for all courses.

Section C-ESTIMATED COSTS AND BILLING INFORMATION					Section D-APPROVALS						
21. Direct costs and appropriation/fund chargeable					26a. Immediate Supervisor- <i>Name and title</i>					Area code/Tel No./Extension	
Item		Amount		Appropriation /fund							
		Dollars	Cents								
a. Tuition					b. Signature					Date	
b. Books or materials					27a. Second Line supervisor- <i>Name and title</i>					Area code/Tel No./Extension	
c. Other (<i>Specify</i>)											
d. (Enter 4 digits in dollar column)					b. Signature					Date	
TOTAL >											
22. Indirect costs and appropriation/fund chargeable					28a. Training officer— <i>Name and title</i>					Area code/Tel No./Extension	
Item		Amount		Appropriation/fund							
		Dollars	Cents								
a. Travel					b. Signature					Date	
b. Per diem					29a. Authorizing official- <i>Name and title</i>					Area code/Tel No./Extension	
c. Other (<i>Specify</i>)											
d. (Enter 4 digits in dollar column)					b. Signature					Date	
TOTAL >											
23. Document/Purchase Order/Requisition No.					Section E-APPROVAL/CONCURRENCE 30a. Certifying Official – <i>Name and title</i>						
24a. 8-Digit station symbol (Example-12-34-5678)		24b. DUNS #			b. Signature					Date	
25. BILLING INSTRUCTIONS (Furnish invoice to):											
Administrative Resource Center UNB 6 th Floor PO Box 1328 Parkersburg WV 26106-1328											

TRAINING FACILITY > Bills should be sent to office indicated in item 25 • Please refer to number given in item 23 to assure prompt payment.

Copy 1-AGENCY (TRAINING/PERSONNEL FOLDER)

In Lieu of Standard Form 182

SPECIFIC INSTRUCTIONS

➤ Section A — TRAINEE INFORMATION

Item 1 — After filling in the trainee's full name, enter the first five letters of the last name in the shaded box.

Item 2 — Use 9 digits for the Social Security Number.

Item 3 — Enter year and month of birth (e.g., if the trainee's birth date is January 14, 1943, it would appear as 43/01).

Item 4 - 8 — Self-explanatory/follow agency instructions.

Item 9 — Enter number of years and months of continuous civilian Government service.

Item 10 — To be filled in by nominating Agency Training Office.

Item 11a. — Self-explanatory. (If additional space is necessary to describe duties and responsibilities, attach separate sheet.)

Item 11b. — If the applicant is disabled or handicapped and in need of special arrangements (Brailing, taping, interpreters, facility accessibility, etc.) describe the special arrangements on a separate sheet and attach to the Vendor Copy (copy 3). NOTE: The applicant is not required to furnish this information. His/her signature on the descriptive sheet indicates agreement to release it to training vendors.

Item 12 — Self-explanatory.

Item 13 — Career Conditional (C.C.), Career (C), Temporary (Temp.), etc.

Item 14 — Follow agency instructions.

➤ Section B — TRAINING COURSE DATA

Items 15 - 17 — Self-explanatory. (Item 16 — if additional space is necessary, attach separate sheet.)

Item 18 — Enter the year, month, and day the course begins and ends (e.g., a course starting June 15, 1973, and ending December 15, 1973, would be entered as 73/06/15 and 73/12/15).

Item 19 — The number of course hours can be determined by multiplying the number of hours attended per week by the number of weeks of the course or semester.

Item 20 — Select an appropriate code for each item listed below and enter in code boxes on form.

➤ Section C — ESTIMATE COSTS AND BILLING INFORMATION

Item 21, 22 — Follow agency instructions.

Item 23 — Enter Document/Purchase Order/Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced on the billing document.

Item 24 — Fill in 8-digit station symbol of the nominating agency finance office, which will report the payment on SF-224, Statement of Transactions. If a nominating agency does not report on SF-224 and will issue a check, type "SF-1080" in this block.

Item 25 — Enter name and mailing address of nominating Agency Finance Office for billing purposes.

➤ Section D — APPROVALS

Items 26, 27 — To be completed by applicant's immediate and/or second-line supervisor(s) before submission of form to nominating Agency Training Office as indicated in agency instructions.

Items 28 — To be completed by the nominating Agency Training Officer.

➤ Section E — APPROVAL/CONCURRENCE

Item 29 — To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

NOTE: Approving officials may authorize training in non-government facilities only after determining that adequate training is not reasonably available within Government.

➤ Section F — CERTIFICATION OF TRAINING COMPLETION

Item 30 — To be completed by nominating Agency Certifying Official.

CODES FOR ITEM 20

➤ A. PURPOSE

- 1 Mission or program change
- 2 New technology
- 3 New work assignment
- 4 Improve present performance
- 5 Meet future staffing needs
- 6 Develop unavailable skills
- 7 Orientation
- 8 Adult basic education

➤ B. TYPE

- 1 Executive and Management
- 2 Supervisory
- 3 Legal, Medical, Scientific, or Engineering
- 4 Administration and analysis
- 5 Specialty and Technical
- 6 Clerical
- 7 Trade or craft
- 8 Orientation
- 9 Adult basic education

➤ C. SOURCE

- 1 Government - Agency
- 2 Government - Interagency
- 3 Non-government – Designed for agency
- 4 Non-government - Off-shelf
- 5 State or local government

➤ D. SPECIAL INTEREST

- 0 No special program
 - 1 Executive development
 - 2 Supervision
- (other codes may be developed-follow agency instructions.)

PRIVACY ACT STATEMENT

General-This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Authority-The Government Employees Training Act of 1958 (U.S. Code, Title 5, sections 4101 to 4118).

Purposes and Uses -The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

Effects of Nondisclosure-Personal information provided on this form is given on a voluntary basis, as is participation in any training program. Failure to provide this information, however, may result ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)-

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the Office of Personnel Management is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.